

State of Rhode Island Department of Administration / Division of Purchases One Capitol Hill, Providence, Rhode Island 02908-5855 Tel: (401) 574-8100 Fax: (401) 574-8387

Solicitation Information February 14, 2014

ADDENDUM # 1

RFP # <u>7548426</u>

RFP Title: <u>Hospital Emergency Room Diversion</u>

Bid Opening Date & Time: February 27, 2014 at 10:00 AM (ET)

Notice to Vendors:

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.

NO FURTHER QUESTIONS WILL BE ANSWERED.

David J. Francis Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP #7548426 Hospital Emergency Room Diversion

Question 1: Role of RI Hospital Emergency Department

The RFP makes three different statements concerning the role of the Rhode Island Hospital Emergency Department, as detailed below. It is our belief that the most flexible language (page 18) is the language that applies, but we would appreciate confirmation of that.

Pages 7-8 of the RFP state that "the STOP program will be a collaborative effort of....RI Hospital and the Emergency Medicine physicians who staff the Emergency Department of the hospital..."

Page 12 of the RFP states that "it is recommended that the ED Physicians group at RI Hospital and medical interns and residents from Brown University Medical School be engaged...."

Page 18 of the RFP states that "Arrangements should be established with the RI Hospital ED Physician's group, or another comparable physician group..."

Answer to question 1: RI Hospital and the ED physician's group are invested in this program and will collaborate with whichever vender is successful in being awarded this grant. No preference will be given to applicants with prior or existing relationships with RI Hospital and the ED physician's group. Letters of support from this group or lack thereof will not impact the scoring of any proposals.

Question 2: Involuntary Commitment

It is our belief that including Involuntary Commitment at the STOP facility is incompatible with the mission and goals of this pilot. Therefore, we seek clarification regarding the expectations for Involuntary Commitment on page 14. It is our reading of the RFP that you are only seeking respondents to have the capacity to <u>assess</u> if Involuntary Commitment is appropriate. Please confirm or clarify.

Answer to question 2: There is no requirement that the STOP program will be able to provide involuntary commitment in year one. However, applicants must address, in specific steps, how the program they propose will have the capacity to do so in the future if they will not provide it in year one.

Question 3: Eligible Use of Funding

Is it possible to use some or all of the \$250,000.00 currently allocated to the first year on capital, facility, expenses such as on renovations (leasehold improvements) and lease payments?

<u>Answer to question 3</u>: Yes, it is up to the applicant to describe how the funding will be used in year one.

Question 4: Timing on Anticipated Rules Revisions

What is the likely timeline for changes in the rules, regulations, and procedures for transport of individuals to STOP?

Answer to question 4: BHDDH will assess the applicant's proposals based on the work covered by this RFP. BHDDH will work with the Department of HEALTH and the successful applicant to address how transport will be handled separate from this proposal.

Question 5: Does the site/facility for the STOP program need to be licensed? Please provide details on this.

Answer to question 5: If applicants plan on billing for clinical services they will need to provide them in a licensed behavioral health organization's (BHO) facility. If the applicant proposes a non-clinical model for recovery or a collaborative model that combines clinical and non-clinical services only the facility providing clinical treatment will need to be licensed.

The Department will assist any applicant not already licensed by BHDDH in the licensing process for a smooth transition. For existing BHOs wishing to expand this could be relatively easy, they may need to add a satellite location. Unlicensed facilities may incur additional costs to become licensed for annual audits and to be compliant with licensing regulations located at the following URL:

http://sos.ri.gov/documents/archives/regdocs/released/pdf/MHRH/7340.pdf